



Senate

General Assembly

File No. 741

January Session, 2011

Substitute Senate Bill No. 183

Senate, May 5, 2011

The Committee on Appropriations reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CREATING A CHILDHOOD IMMUNIZATION TASK FORCE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (*Effective from passage*) (a) There is established a childhood
2 immunization task force. Said task force shall: (1) Develop a plan to (A)
3 maintain access to high-quality immunizations for children in the state,
4 (B) determine how to respond to recommendations by the National
5 Centers for Disease Control for new childhood immunizations not
6 currently provided by the state immunization program administered
7 by the Department of Public Health, (C) implement a program
8 permitting health care providers who administer vaccines to children
9 under the federal Vaccines for Children program to select, and the
10 Department of Public Health to provide, vaccines licensed by the
11 federal Food and Drug Administration, and (D) determine how best to
12 cover the cost of immunizations for children in the state, and (2)
13 consider whether the state should continue universal immunization for
14 children in the state.

15 (b) The task force shall consist of the following members:

16 (1) Two representatives of the pharmaceutical industry, one each
17 appointed by the speaker of the House of Representatives and the
18 president pro tempore of the Senate;

19 (2) Two representatives of the insurance industry, one each
20 appointed by the majority leader of the House of Representatives and
21 the majority leader of the Senate;

22 (3) Two representatives of the American Academy of Pediatrics, one
23 each appointed by the minority leader of the House of Representatives
24 and the minority leader of the Senate;

25 (4) The chairpersons and ranking members of the joint standing
26 committee of the General Assembly having cognizance of matters
27 relating to public health;

28 (5) The chairpersons and ranking members of the joint standing
29 committee of the General Assembly having cognizance of matters
30 relating to human services;

31 (6) The chairpersons and ranking members of the joint standing
32 committee of the General Assembly having cognizance of matters
33 relating to appropriations and the budgets of state agencies;

34 (7) The chairpersons and ranking members of the joint standing
35 committee of the General Assembly having cognizance of matters
36 relating to insurance;

37 (8) The Commissioner of Public Health, or the commissioner's
38 designee;

39 (9) The Commissioner of Insurance, or the commissioner's designee;

40 (10) The Commissioner of Social Services, or the commissioner's
41 designee;

42 (11) The Secretary of the Office of Policy and Management, or the
43 secretary's designee; and

44 (12) An employee of the Department of Public Health, appointed by
45 the Commissioner of Public Health, responsible for immunizations.

46 (c) All appointments to the task force shall be made not later than
47 thirty days after the effective date of this section. Any vacancy of an
48 appointed membership shall be filled by the appointing authority.

49 (d) The speaker of the House of Representatives and the president
50 pro tempore of the Senate shall select the chairpersons of the task
51 force, from among the members of the task force. Such chairpersons
52 shall schedule the first meeting of the task force, which shall be held
53 not later than sixty days after the effective date of this section.

54 (e) The administrative staff of the joint standing committee of the
55 General Assembly having cognizance of matters relating to public
56 health and the staff of the Office of Legislative Research shall serve as
57 administrative staff of the task force.

58 (f) Not later than February 1, 2012, the task force shall submit a
59 report on its findings and recommendations, including
60 recommendations for legislation, to the joint standing committees of
61 the General Assembly having cognizance of matters relating to public
62 health, human services, appropriations and the budgets of state
63 agencies and insurance, in accordance with the provisions of section
64 11-4a of the general statutes. The task force shall terminate on the date
65 that it submits such report or February 1, 2012, whichever is later.

This act shall take effect as follows and shall amend the following sections:		
Section 1	from passage	New section

APP *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note**State Impact:**

Agency Affected	Fund-Effect	FY 12 \$
Various State Agencies	GF - Cost	less than \$5,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in an FY 12 cost, estimated to be less than \$5,000, to various agencies and the Office of Legislative Management associated with mileage reimbursement of 51 cents per mile for agency staff and legislators (who seek such reimbursement) participating on a childhood immunization taskforce. The task force is required to terminate on the date that it submits its report (or 2/1/12, whichever is later) and, thus, there would be no fiscal impact to the state in FY 13.

The Out Years

State Impact: None

Municipal Impact: None

OFA Bill Analysis**sSB 183*****AN ACT CREATING A CHILDHOOD IMMUNIZATION TASK FORCE.*****SUMMARY:**

The bill establishes a childhood immunization task force, which is required to:

1. Develop a plan to:
 - a. Maintain access to high-quality immunizations for children in the state,
 - b. Determine how to respond to recommendations by the National Centers for Disease Control for new childhood immunizations not currently provided by the state immunization program administered by the Department of Public Health,
 - c. Implement a program permitting health care providers who administer vaccines to children under the federal Vaccines for Children program to select, and the Department of Public Health to provide, vaccines licensed by the federal Food and Drug Administration, and
 - d. Determine how best to cover the cost of immunizations for children in the state.
2. Consider whether the state should continue universal immunization for children in the state.

The task force is required to submit a report on its findings and recommendations, including recommendations for legislation, to the

Public Health, Human Services, Appropriations, and Insurance and Real Estate Committees of the General Assembly no later than February 1, 2012. The task force is required to terminate on the date that it submits its report (or 2/1/12, whichever is later).

EFFECTIVE DATE: Upon passage.

TASK FORCE

Membership

Required members of the task force are as follows:

1. Two representatives (one each appointed by the speaker of the House of Representatives and the president pro tempore of the Senate) of the following entities:
 - a. The pharmaceutical industry,
 - b. The insurance industry, and
 - c. The American Academy of Pediatrics.
2. The chairpersons and ranking members of the following committees of the General Assembly:
 - a. Public Health,
 - b. Human Services,
 - c. Appropriations, and
 - d. Insurance and Real Estate.
3. The Commissioner or the commissioner's designee, of the following agencies:
 - a. The Department of Public Health,
 - b. The Department of Insurance, and
 - c. The Department of Social Services.

4. The Secretary of the Office of Policy and Management, or the secretary's designee; and
5. An employee of the Department of Public Health, appointed by the Commissioner of Public Health, responsible for immunizations.

Administration

All appointments to the task force are required to be made not later than thirty days after the effective date of this section. Any vacancy of an appointed membership shall be filled by the appointing authority.

The speaker of the House of Representatives and the president pro tempore of the Senate are required to select the chairpersons of the task force from among the task force members. Such chairpersons must schedule the first meeting of the task force, which must be held not later than sixty days after passage of the bill.

The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to public health and the staff of the Office of Legislative Research shall serve as administrative staff of the task force.

BACKGROUND

CHILDHOOD VACCINES

By law, the Commissioner of Public Health determines the standard of care for childhood immunizations in Connecticut based on the recommended schedules of the: (1) National Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices, (2) American Academy of Pediatrics, and (3) American Academy of Family Physicians. Currently, the Department of Public Health (DPH) operates a federal "Vaccine for Children" program and its own immunization program funded by an assessment on health insurers.

Federal Vaccine for Children Program (VFC)

The VFC is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. VFC was created by the Omnibus Budget Reconciliation Act of 1993 as a new entitlement program required as part of each state's Medicaid plan. VFC pays for any brand of vaccine that the CDC has recommended.

DPH Vaccine Program

By law, the Commissioner of Public Health must establish, within available appropriations, a childhood immunization program that:

1. Provides vaccine at no cost to state health care providers so that cost is not a barrier to vaccination;
2. Provides all parents with the recommended immunization schedule and a list of immunization sites with the assistance of hospital maternity programs;
3. Informs providers of changes in the immunization schedule in a timely way;
4. Assists hospitals, local health providers, and local health departments develop and implement record-keeping and outreach programs to identify and immunize children who have fallen behind in their immunizations;
5. Assists in developing a program to assess the vaccination status of children who are clients of state and federal programs serving children and provide for vaccination for those behind schedule;
6. Obtains available state and federal funds and solicits and spend funds from any public or private source; and
7. Provides parents and providers with educational materials about timely immunizations.

By law, each year the Secretary of the Office of Policy and Management (OPM) must determine the amount appropriated for the

purchase, storing, and distribution of vaccines under this program, as well as for other vaccine, biologic, and antibiotic purchase and distribution. Each domestic insurer or health care center (i.e., a health maintenance organization or HMO) conducting life or health insurance business in the state must annually pay a “health and welfare fee” to the Insurance Department. The fee is deposited in the General Fund.

COMMITTEE ACTION

Appropriations Committee

Joint Favorable Substitute

Yea 51 Nay 0 (04/26/2011)